

CITY OF SOMERVILLE, MASSACHUSETTS
SOMERVILLE AFFORDABLE HOUSING TRUST FUND
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September 21, 2020

CPA FUNDING OPPORTUNITY FOR HOUSING PROGRAMS
FY21 RFP #2A – TENANCY STABILIZATION PROGRAMS

RFP Information

Issue Date: Monday, September 21, 2020
Closing Date: Monday, November 2, 2020, 3pm

Contact

Kelly Donato, Assistant Director/Housing Counsel
City of Somerville
Office of Strategic Planning and Community Development - Housing Division
City Hall Annex
Phone: (617) 625-6600 x2560
Email: kdonato@somervillema.gov (preferred form of contact)

Application Deadline

Submit applications by Monday, November 2, 2020, at 3pm to kdonato@somervillema.gov

Due to Covid-19 and the temporary closure of City Hall Annex we are accepting applications by email only. Please ensure submissions are emailed on or before the deadline date and time. Late applications will not be reviewed.

**SOMERVILLE AFFORDABLE HOUSING TRUST
CPA FUNDING OPPORTUNITY FOR HOUSING PROGRAMS
FY21 RFP #2A – TENANCY STABILIZATION PROGRAMS**

CPA Background

In November 2012, Somerville voters overwhelmingly approved a 1.5% Community Preservation Act (CPA) surcharge on net property taxes. The Somerville Community Preservation Committee subsequently voted to empower the Somerville Affordable Housing Trust Fund (the “Trust”), which has 30 years of experience preserving, creating, and supporting affordable housing in Somerville, to serve as the housing arm of the Committee. Since Fiscal Year 2015, the Trust has administered CPA funds designated for community housing purposes. It is anticipated that in Fiscal Year 2021, a total of at least \$767,982 of CPA funds will be available for a combination of 1) the acquisition, creation, preservation or rehabilitation (only if the property was purchased with CPA funding) of affordable housing units in Somerville 2) housing programs supporting sustainable tenancies. The Trust is issuing one Request for Proposals (RFP) for affordable housing units and four RFPs for different types of Housing Programs.

Housing Programs and CPA Eligibility

This RFP designated for housing programs that either create permanently affordable housing units, or provide rental assistance or other financial assistance to income eligible households for the purpose of making housing affordable, resulting in an affordable unit for a defined period of time. The period of program performance for this funding will be July 1, 2021 to June 30, 2022.

CPA funds can serve individuals and households up to 100% AMI. Eligible uses include:

- *Support* – to provide grants, loans, rental assistance, security deposits, interest-rate write downs or other forms of assistance on behalf of an income eligible household for the purpose of making housing affordable. Payments will be made directly to an entity that owns, operates or manages such housing and must be directly tied to a physical unit through a lease or other legal agreement. CPA funds cannot be used for utility payments, moving costs, or case management.

Priorities, Criteria and Requirements

In addition to meeting the proper AMI level and project use, the following priorities apply:

- preserve or increase the supply of affordable housing in Somerville, and
- help low- to moderate-income households gain access to or retain housing that is generally affordable (where monthly housing costs represent between 30-40% of household income) and sustainable.

The following criteria apply:

- The program will provide a measurable impact.
- The agency has a demonstrated capacity to carry out the program for which they seek funding.
- The agency demonstrates an ability to continue the program beyond the funding period.
- The agency demonstrates a commitment to conform to the requirements of the MA Department of Revenue (DOR) regarding the use of CPA funds, and to the requirements of the City of Somerville and the Trust for the administration of Trust-funded housing programs.
- Applications from non-profit agencies are preferable. If two non-profit agencies propose similar programs, Trustees may select one, and preference will be given to agencies based in Somerville. If more than one agency is selected to administer the same or similar programs, the agencies shall, through coordination with the OSPCD Housing Division, adopt identical program operations, agreements and applications.

- The agency must demonstrate ability to collaborate and work with other local agencies, coordinate referrals in case of limited funding, and ensure cooperation on the lifetime cap of Tenancy Stabilization Funding.
- The agency must demonstrate an ability to leverage Trust awarded funding, and to ensure that enough other sources of funds can cover arrears where Trust funding will be committed.

This document is **RFP #2A Tenancy Stabilization Programs**. For the scope see Appendix 1 of this RFP. The other RFPs are also posted on the Trust's webpage at:
<https://www.somervillema.gov/departments/affordable-housing-trust-fund>

The Trust may award funding to operate a Tenancy Stabilization Program to one or more agencies. If more than one proposal is received, the Trust may provide funding for any number of them or choose not to fund any.

Regulatory and Program Requirements

The following program requirements for CPA Trust and non-CPA Trust funded rental housing programs apply:

- In order to show documented need for assistance, a tenant must have either received a Notice to Quit or provided a rent ledger or a statement from their landlord that they are behind in rent, including the amount of the rent they charge on a monthly basis, and the amount of arrears by month. The tenant's need must be verified using 24 CFR Part 5 income certification process and asset check.
- The agency must determine whether a household is income eligible using 24 CFR 5.609 income certification process. See Appendix 2 for Fiscal Year 2021 income limits. Income certification is considered current for 12 months from the date issued. Households with applications over 12 months old will be asked to complete a new application to ensure that the information about household and income are current. Income certification documentation must be kept on file until the end of the contract plus 7 years.
- Unrelated occupants in one unit are counted as members of one household.
- For programs offering tenancy stabilization program assistance, self-sufficiency of the household must be expected as the end result. The agency must make a documented determination for each household of whether their tenancy will be stable and financially sustainable after a one-time payment covering rental arrears or start-up costs is provided. If not, the agency might determine that longer-term rental assistance is more appropriate. This determination should be based on whether the household has the ability to pay rent moving forward after assistance is provided.
- There must be a lease in place that is signed by both the landlord and the tenant. The signed lease must cover the current term with a start and end date listed. Where a lease does not exist, an Oral Tenancy Certification Form must be used signed by both the landlord and the tenant, which confirms that the tenant will be residing in the unit during the month for which the assistance is being provided. Where ongoing rental assistance is provided, an Oral Tenancy Certification Form must be completed monthly by the landlord and tenant. See Appendix 3 for Oral Tenancy Certification forms.
- Before assistance is provided, the agency providing assistance and the property owner must execute an Agency/Owner Subsidy Agreement. See Appendix 4 for Agency/Owner Subsidy Contract forms.
- The agency will assist the client in creating an Individualized Service Plan (ISP) before assistance is given in the event only one assistance payment is provided. In the event of multiple assistance

payments to a household up to the program cap per household, an ISP can be created after the initial assistance payment. See Appendix 5 for an ISP form and supportive services agreement.

- The agency can use contract admin funds and other sources of funds in order to reach out to each client on a quarterly basis after assistance is provided. When clients respond, the agency should conduct case management and follow-up assessment for one year.
- Before the contract is executed with the Trust, progress reporting forms will be established using the agency and Trust's performance objectives for the program, and how outcomes of the program will be measured and tracked. The progress reports will include the number of households who reported during follow-up that stabilization has occurred.
- Assistance must be paid directly to the property owner. It cannot be made to the tenant directly or on behalf of a subtenant to a primary tenant.
- The agency will enter into a contract with the Trust and the City of Somerville in the City's standard contract format. The contract will include invoicing and progress reporting procedures.
- The agency will require clients to sign waivers of confidentiality.
- The agency will share completed client application documents including those used by the agency to establish eligibility for each client and those used to determine the sustainability of their tenancy after assistance is provided, in order for the OSPCD Housing Division to monitor compliance. At the time of issuance, there is a COVID 19 pandemic, and in person monitoring visits are not possible. Once the pandemic safely ends, it is possible that in person monitoring visits will occur.
- See Appendix 6 for client application. See Appendix 7 for sample release of information.

Additional Information and Application Deadline

Please provide direct responses to each question within this application form, unless otherwise indicated.

Responses are due electronically by 3pm on Monday, November 2, 2020.

The electronic copy should be saved as a PDF and sent by email to Kelly Donato at kdonato@somervillema.gov.

If you have any questions, please do not hesitate to contact Kelly Donato via email at the email address listed above.

FY21 RFP #2A – TENANCY STABILIZATION PROGRAMS

Housing Program Application for CPA Funds

Date of Application _____

A. Agency Information

1. Agency Name and Address: _____

2. Non-profit designation (if applicable): Yes ☐ No ☐
3. Contact name, phone number and email address for program manager:

4. Contact name, phone number and email address for contract manager:

5. Contact name, phone number and email address for invoicing:

6. Agency's DUNS # _____
7. Agency's Tax ID # _____

B. Program Information

8. Amount of request (CPA): _____
9. Describe details about the number of households or individuals you intend to serve.

10. Timeframe for performance: July 1, 2021 to June 30, 2022
11. Describe the need within the community for the type of program proposed. List other agencies that may be addressing it. If there are differences between this proposal and the operation of other agencies administering this or a similar program please note the differences. Is there a gap in funding to meet the need within the community? If so describe how the amount/size of the gap is determined/measured.

12. Describe other sources of funding available for the type of program proposed. Describe the degree to which your agency is leveraging other sources.

13. Provide the income level of targeted beneficiary/beneficiaries. See Appendix 2 for Fiscal Year 2021 income limits.

14. Description of who the program will benefit (veteran population, chronically homeless, fragile elderly, youth aging out of foster care, etc.) and please note the extent to which beneficiaries are Somerville residents):

15. Will your agency provide case management services and quarterly follow-up with clients after assistance is provided using other sources of funding beyond CPA funds? Please describe.

Program Impacts

16. Describe the program's performance objectives, and how outcomes of the program will be measured and tracked:

17. Note if your agency has previously been funded by the Trust and, if yes, a concise summary of the number of residents served in the prior fiscal year and the impact of the program:

Financial Information

18. Please attach a complete program budget and include the status of all funding source (note any funds pending or already received) and all sources and uses and the amount of funds that will be leveraged.
19. Describe whether the proposed activity will be carried out with or without any other funding from the Trust.
20. If the agency has operated this program in the past, what is the average amount that each tenant contributes to their rent?
21. If the agency has operated this program in the past, what proportion of clients served were tenants in market-rate housing? What percentage of clients served were tenants in affordable housing?
22. If the agency has a current contract to operate this program, what is the current balance on the contract. Provide a time frame for when you anticipate the remainder of the funds will be spent

down, and what is the basis for your expectation. How many households do you expect to serve with the balance?

Organizational Capacity

23. Experience and capacity of the agency and staff – please describe staff available to work on the project (and note if staff need to be hired) and describe any similar successful programs operated by the agency and how they relate to other programmatic activities. Does your agency have adequate staffing to manage the program’s administrative requirements?

24. Is your agency monitored by HUD or another funder for housing programs?

Yes ☐ No ☐

25. If yes, has the monitoring resulted in any currently open findings?

Yes ☐ No ☐

26. Does your agency agree to in person monitoring by OSPCD staff when/if possible?

Yes ☐ No ☐

Compliance with Requirements for Use of Funds

27. Does your agency agree to share completed client application documents with the Housing Division? These documents will include those used to establish eligibility for each client according to program requirements, and to those used to determine the sustainability of each client’s tenancy after assistance is provided.

Yes ☐ No ☐

Does your agency agree to administer the program in accordance with Trust guidelines, and if necessary, agree to work with OSPCD Housing to implement any new guidance or to ensure uniformity?

Yes ☐ No ☐

Does your agency agree to in person monitoring by OSPCD staff when/if possible?

Yes ☐ No ☐

Furthering the City of Somerville's Housing Plans and Objectives

28. Explain how the proposed activities/project addresses a need and/or strategy in City of Somerville's 5 Year Consolidated Plan (Can be viewed online at www.somervillema.gov).

29. Explain how the proposed activities/project addresses a Goal or Action Step in the SomerVision Comprehensive Plan (Can be viewed online at www.somervillema.gov).

APPENDIX 1 – TENANCY STABILIZATION PROGRAM MODEL SCOPE OF SERVICES

A. GRANTEE’S SERVICES:

The Grantee shall operate the Tenancy Stabilization Program (TSP) to assist households and individuals with incomes at or below 100% of AMI (the “Tenant”) with rental arrears and start-up costs (first and last month rent, security deposit) when such assistance can result in a sustainable tenancy for the recipient. The Grantee shall provide the following services with respect to the TSP:

_____ (the “Agency”) will:

1. Conduct outreach to potential eligible renters.
2. Verify that the applicant household has received a Notice to Quit.
3. Certify income eligibility using HUD Part 5 income certification process. “Annual Income” is defined under 24 CFR 5.609, or as shall be defined in any successor regulation, is the anticipated total income from all sources received by all members of the Family over the age of eighteen, including members who are temporarily absent. Without limiting the generality of the foregoing, Annual Income includes interest income from assets. Verify that applicants have a household income less than or equal to 100% of Area Median Income. Most applicants served will have household income less than or equal to 50% of Area Median Income. When certifying household income, a household is defined as all occupants residing in a unit.
4. Assist the applicant in creating a basic budget. At minimum the budget should include, income, housing cost including rent and utilities, and food expense.
5. Determine the grant amount based on documented need. The amount of assistance granted shall be based on financial need when considered together with other available resources. The assistance provided shall be sufficient to resolve the need. Taking into account the maximum amount of Trust funds to be provided, if the applicant would need additional funds for stabilization at the time of the award (i.e. if the amount of their rental arrears is more than the \$3,000 program cap) then the Agency shall work with the applicant to develop an affordable payment plan and/or work other agencies to ensure the remaining amount will be paid in order to stabilize their tenancy. The presenting need should not be indicative of a continuing need that will result in continuing requests for financial assistance. The grant amount shall in no case exceed the amount needed to cover the eligible uses. No funds may be used for ineligible purposes.
6. Obtain from the Lessor an attestation that they are the Owner of the building at the building’s address, and copy of their W-9.
7. Ensure that the landlord and the client are bound by an existing lease or enter into a lease for twelve months, unless a shorter period is mutually acceptable to the client and the landlord. The lease must be signed by both the tenant and the landlord. In the absence of a lease, where the client is a tenant-at-will, there must be an oral lease certification in the format provided by the City.
8. Enter into a subsidy agreement between the Agency and the landlord in the format provided by the City. The agreement shall include that the landlord agrees to accept rental payment from the Agency and provides a W-9. The agreement shall include the purpose of assistance, the length of

time of the assistance, and the amount of assistance. If the payment is for rental arrears, the agreement shall state which months the assistance covers and the landlord will waive eviction and all grounds for termination of tenancy to date and reinstate tenancy upon payment from agency of the arrears.

9. Create Individualized Service Plans (ISP) with clients outlining a plan for clients to participate in supportive services or on-going counseling. The Agency will leverage internal capacity or outside resources to provide supportive services. Supportive services or on-going counseling must be funded using sources other than the award from the SAHTF.
10. Distribute Funds for Assistance. The contracted Agency will be expected to make the initial payment for rental assistance to be reimbursed by the City at a later date. Checks must be directly payable to the landlord. Payment cannot be made to a primary tenant on behalf of a subtenant.
11. Maintain case files that include application, head of household contact information, verified proof of income eligibility, proof of Somerville residence, property owner contact information, proof of the landlord's ownership or the property such as tax bill, mortgage statement, water bill or deed, landlord's W-9, the lease or other oral certification of lease, a copy of Notice to Quit, signed subsidy agreement, a signed ISP.
12. Track all clients including whether they have been stabilized at 3, 6, 9 and 12 month intervals and whether they are participating in supportive services that were outlined in their ISP at the time assistance was provided. Enter data into case files for each household, and into the spreadsheet that includes all households served. Share this information with referring agencies upon request.
13. Coordinate with other local agencies to meet client needs and provide stabilization funds for eligible clients if requested by agencies performing similar homelessness prevention and case management work for Somerville residents.
14. Work actively with agencies that administer the Trust's Tenancy Stabilization Program or any other Trust-funded programs providing such housing stabilization services, to ensure that a lifetime cap of \$3,000 per tenant is enforced. The Agency shall require a release of information to be signed by each tenant receiving assistance so that identifying information can be shared with the other agencies.
15. Submit quarterly progress reports to the City in the format provided in Appendix X of this RFP.
16. Furnish such information relating to financial assistance and services provided or to documentation of labor or expenses as may be requested by the City. Under the terms of the contract, the City requires that the Agency submit to the City application materials for clients to whom assistance was given since the beginning of the contract period. During the pandemic and for a reasonable period after, the City will work with the Agency to determine when these materials can be provided, taking into account any limitations presented by the COVID-19 pandemic.
17. Follow guidance from the City regarding accommodations that can be made up until the end of the COVID-19 pandemic.

B. INVOICING:

(1) The Grantee shall invoice for rental arrears, first and last month's rent and security deposits up to but not in excess of **(Amount of contract)**. The Grantee can invoice up to 15% of the contract amount for administrative costs.

(2) Any invoice for rental arrears, first month's rent, last month's rent or security deposits shall be accompanied by a use of funding spreadsheet containing an alphabetical listing of clients; addresses of units; month(s) the rent arrears, rent payment, or security deposit is for; landlords' names and addresses; number of bedrooms in the unit; amount of the CPA assistance provided for the client; total funds for which the Grantee is seeking reimbursement. The invoice shall also include backup documentation in the form of copies of cancelled checks or rent receipts, copies of leases or oral lease certifications, copies of agency/landlord agreements and client application materials including income certifications.

(3) Invoices shall bear the signature of the Grantee's Executive Director or Chief Operating Officer.

APPENDIX 2 – FISCAL YEAR 2021 INCOME LIMITS

A comprehensive list of Fiscal Year 2021 Income Limits for the City of Somerville is provided on the next page.

Please note:

- The maximum household income limit for CPA-funded housing programs is 100% AMI, adjusted by household size.
- Refer to other AMI thresholds listed for income limits if your program will target very-low, low and/or moderate income households as described in your application.

HOUSING PROGRAM INCOME LIMITS

HOUSEHOLD SIZE	2020 PMSA Boston, MA Area Median Income \$119,000									10% Increase from prior
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	Each Addition ¹ Person	
HWAP, WAP, LIHEAP & EFSP	60% of State Median (4)	\$37,360	\$48,855	\$60,351	\$71,846	\$83,341	\$94,837	\$98,429	\$102,022	see footnote 5
Effective 10/1/2019	Federal FY 2020									
30% AMI CDBG		\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650	see footnote 2
30% AMI for HOME		\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650	see footnote 2
30% (HOME) effective date 7/1/2020										
Extremely Low Income (CDBG) effective 4/1/2020										
Income Targeting Standard (Sec. 8) effective 4/1/2020										
50% AMI CDBG		\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450	
50% AMI for HOME		\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450	
Very Low Income (HOME) effective date 7/1/2020										
Low Income (CDBG) effective 4/1/2020										
Very Low Income (SEC. 8) effective date 4/1/2020										
60% AMI for HOME		\$53,760	\$61,440	\$69,120	\$76,740	\$82,920	\$89,040	\$95,160	\$101,340	see footnote 2
60% (HOME) effective date 7/1/2020										
80% AMI CDBG (1)		\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050	see footnote 2
80% AMI for HOME (1)		\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050	see footnote 2
80% AMI for CPA (7)		\$66,640	\$76,160	\$85,680	\$95,200	\$102,816	\$110,432	\$118,048	\$125,664	
Low Income (HOME) effective 7/1/2020										
Low / Mod (CDBG) effective 4/1/2020										
Low / Mod (SEC. 8) effective 4/1/2020										
Uniform Relocation Act (URA) 49 CFR 24.402(b) 4/1/2020										
Low Income (CPA) effective 4/1/2020										
100% MEDIAN INCOME (3) CPA		\$83,300	\$95,220	\$107,100	\$119,000	\$128,520	\$138,040	\$147,560	\$157,080	see footnote 2
Moderate Income (CPA) effective 4/1/2020										
110% MEDIAN INCOME (3)		\$91,650	\$104,750	\$117,850	\$130,900	\$141,400	\$151,850	\$162,350	\$172,800	see footnote 2
140% MEDIAN INCOME (3)		\$116,650	\$133,300	\$149,950	\$166,600	\$179,950	\$193,300	\$206,600	\$219,950	see footnote 2
Somerville Affordable Housing Trust effective 7/1/2020										
Somerville Zoning Ordinance effective 7/1/2020										
MassHousing (formerly MHFA)	1-2 persons:		3+ persons:	check www.masshousing.com						
Get The Lead Out - current as of revised date	\$118,500		\$134,700							
Home Improvement Loan Prgm (HILP) - "	\$100,000		\$114,000							
Purchase & Rehab Program - "	\$107,800		\$145,300							
140% of 50% MFI (6)		\$62,700	\$71,650	\$80,600	\$89,530	\$96,700	\$103,900	\$111,050	\$118,200	see footnote 2
140% of 80% MFI (6)		\$94,350	\$107,800	\$121,300	\$134,750	\$145,550	\$156,350	\$167,100	\$177,900	see footnote 2
Inclusionary Max. Recert. Income 07/01/20										

- Footnotes:
- (1) The 80% Median Income* has been capped by HUD for Boston PMSA; It is actually 80.88% of AMI. True 80% AMI for 4-prsn hhd is \$95,200 HUD 80% is HUD 80% is
 - (2) 9 person household is 140% of 4 person household. Add 8% for each additional person thereafter; round UP to nearest \$50.
 - (3) 100%, 110%, and 140% incomes are calculated directly on Median Income, and are NOT rounded. Effective date is the same as HOME effective date.
 - (4) Program opens for applications in November. Camb/Somerville FA using 60% of State Median for eligibility as of FFY2010.
 - (5) Add 3% to 6-person limit for each additional person. Uses State Median Income not Boston Area Median Income. STATE Median Income 10, 2019 Printed on 06/18/20
 - (6) 140% of the then-current 50% or 80% income limit (rounded up to nearest \$50). Only used for Inclusionary Housing recertifications.
 - (7) The CPA Low Income Limits are 80% of the area-wide median income and are slightly different from HUD's Low Income figures.
- * The comparison of the capped HUD 80% to true 80% uses the CDBG limits. Until HOME adopts the CDBG limits the comparison may not be accurate for HOME.

C:\Users\lisaal\Desktop\Work\Income Calculations\1 INCOME Limits

APPENDIX 3 - ORAL TENANCY CERTIFICATION FORMS
(for use where no written lease exists)

ORAL TENANCY CERTIFICATION
(for payment of rent arrears)

A. LANDLORD'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, acknowledge that I am the Owner of the building with an address of _____, Somerville, MA _____ ("Building").

2. I certify that _____ ("Tenant") resides as my tenant in Unit # _____ ("Rental Unit") in the Building of the above-mentioned address.

3. I further certify that the total monthly rental payment due from Tenant for occupancy of the Rental Unit is \$ _____ ("Rent").

4. I further certify that Tenant owes the following amount of rental arrears:

Month	Amount
_____	_____
_____	_____
_____	_____

5. I certify that the above amounts are a true and accurate accounting of the amounts owed by Tenant as rental arrears for the months set forth above.

6. I certify that Tenant occupied the Rental Unit during the months set forth above for which Rent is due and owing.

_____	_____
Owner's Signature	Date

B. TENANT'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, Tenant, hereby certify that I rent the above the Rental Unit.

2. I certify that that the amount listed as monthly Rent is correct.

3. I further certify that I have occupied the Rental Unit during the months listed above, and that the above amounts of unpaid rent are due and owing to Owner.

_____	_____
Tenant (Head of Household)'s Signature	Date

ORAL TENANCY CERTIFICATION

(For first month's rent/security deposit, when there is no lease)

A. LANDLORD'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, acknowledge that I am the Owner of the building with an address of _____, Somerville, MA _____ ("Building").
2. I certify that on _____ date, _____ ("Tenant") will move in as my tenant in Unit # _____ ("Rental Unit") in the Building of the above-mentioned address.
3. I further certify that the total monthly rental payment due from Tenant for occupancy of the Rental Unit is \$ _____ ("Rent"), due and payable on the _____ day of the month.
4. I further certify that payment for the first month's rent will cover the month of _____.
5. I further certify that a security deposit of \$ _____ is due from the Tenant before move-in. The owner must comply with MGL Chapter 186 Section 15B when collecting and holding a security deposit.
6. I further certify that Tenant will take occupancy of the Rental Unit as of the date hereof.
7. I agree not to terminate the tenancy, provided the tenant complies with the terms thereof, before _____ (date of the start of month two).
8. Nothing in this Oral Tenancy Certification shall alter the rights of a tenant at will under Massachusetts law.

Owner's Signature

Date

B. TENANT'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, Tenant, hereby certify that as of _____ (date), I will begin renting the above Rental Unit.
2. I certify that that the amount listed as total monthly Rent is correct.
3. I further certify during the assistance term set forth in the Agreement between my landlord and _____ (name of nonprofit), my monthly rent and security deposit listed above is correct.
4. I further certify that I will occupy the Rental Unit during this month.

Tenant (Head of Household)'s Signature

Date

APPENDIX 4 - AGENCY/OWNER SUBSIDY CONTRACT FORMS
(required for all assistance cases by type of assistance)

**Tenancy Stabilization Program – Agency/Owner Payment Agreement
Rental Arrears**

This agreement is made on _____ by and between _____ (“Agency”),
and _____ (“Owner”) with respect to the tenancy of
_____ (“Tenant”) who resides in the unit located at
_____, Somerville, MA. This agreement is intended to assist the Tenant in
maintaining stable housing.

The Owner hereby agrees to provide a signed W-9 to the Agency.

The Owner certifies that:

I own the building and unit with the address of _____, Somerville (“Unit”). I am currently
renting the Unit to _____ (“Tenant”). There is a lease or oral tenancy certification
for the Unit in place that is signed by the Owner and the Tenant.

The total monthly rental payment due from Tenant for occupancy of the Rental Unit is
\$ _____ (“Rent”), due and payable on the _____ day of the month.

The Owner further certifies that Tenant owes the following amount of rental arrears:

Month	Amount
_____	_____
_____	_____
_____	_____

The Owner further certifies that the above amounts are a true and accurate accounting of the amounts
owed by Tenant as rental arrears for the months set forth above, and that the Tenant occupied the Rental
Unit during the months set forth above for which Rent is due and owing.

On behalf of the Tenant, the Agency will provide the Owner with payment of:

\$ _____ toward rental arrears assistance through the Tenancy Stabilization Program (TSP).

If applicable, additional arrears are to be covered by another agency.

Source _____ Amount _____

The Owner agrees that this payment will satisfy the balance of the Tenant's share due and that no rental arrears will still be owed at the time that funds are paid to the landlord unless there is a probationary or other repayment agreement in place or funds have been pledged by another agency.

The Owner agrees to reinstate tenancy upon payment of the above listed arrears and waive eviction and all grounds for termination of tenancy to date provided the tenant continues to comply with the probationary or other repayment agreement, terms of the lease or oral tenancy, if any.

The Agency has determined that the Tenant's housing will be affordable once the assistance is provided. To be affordable, the rent should generally be between 30-40% of household income.

By signing below, all parties confirm that they agree to the above conditions of the agreement. This agreement does not make this Agency liable for other funds from agencies listed above if that portion is not paid, if applicable. This Agency is not a guarantor for any probationary or other repayment agreement between the Tenant and the Owner, or for any agreements between the Tenant and another agency, if applicable. Any probationary agreements or assistance from other agencies that are referenced above are only to demonstrate the arrangements for rental arrears to be paid in full.

Agency (print): _____

Agency (sign): _____ Date: _____

Owner (print): _____

Owner (sign): _____ Date: _____

**Tenancy Stabilization Program – Agency/Owner Payment Agreement
(first, last, sec)**

This agreement is made on _____ by and between _____ (“Agency”), and _____ (“Owner”). This agreement is intended to assist the Tenant in establishing stable housing.

The Owner hereby agrees to provide a signed W-9 to the Agency.

The Owner certifies that:

I own the building and unit with the address of _____, Somerville (“Unit”). I am renting the Unit to _____ (“Tenant”) who will take occupancy of the Unit as of _____ (“Date”). There is a lease or oral tenancy certification for the Unit in place that is signed by the Owner and the Tenant.

The total monthly rental payment due from Tenant for occupancy of the Rental Unit is \$ _____ (“Rent”), due and payable on the _____ day of the month.

A security deposit of \$ _____ is due from the Tenant prior to move-in.

On behalf of the Tenant, the Agency will provide the Owner with payment of:

\$ _____ toward the Tenant’s first month’s rent

\$ _____ toward the Tenant’s last month’s rent (not applicable if there is no lease in place)

\$ _____ toward the Tenant’s security deposit

through the Tenancy Stabilization Program (TSP).

All payments made are a grant to the household by the Agency in anticipation of successful maintenance of housing and accordingly do not need to be repaid by the Tenant to the Agency. Payments for security deposits should be returned to the Tenant in accordance with MGL Chapter 186 Section 15B.

The Owner agrees that this payment will satisfy the balance of the Tenant’s share due after any other payments have been or will be made for the purposes listed. The length of time for which the payment

secures the tenancy must be at least equal to the number of months of monthly rent that the amount of assistance represents.

The Agency has determined that the Tenant's housing will be sustainable once the assistance is provided.

By signing below, all parties confirm that they agree to the above conditions of the agreement.

Agency (print): _____

Agency (sign): _____ Date: _____

Owner (print): _____

Owner (sign): _____ Date: _____

APPENDIX 5 - INDIVIDUALIZED SERVICE PLAN FORM
AND
SUPPORTIVE SERVICES AGREEMENT FORM

**Tenancy Stabilization Program
Individualized Service Plan**

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: __/__/____ Date of intake: __/__/____ Changes to ISP made on: __/__/____

List of monthly priority expenses (See monthly budget as a guide).

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Circle what applies to your client. Arrears for or assistance with: Back rent Start-up cost Gas Electricity
Explain briefly the reason of arrears or the need of assistance.

Are Housing costs listed in the top 3? If the answer is yes, ask the client the order in which he/she pays the monthly bills.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Task List for next meeting		Following meeting	
		Time	Date

Client signature _____ Date _____

Staff signature _____ Date _____

Program Manager signature _____ Date _____

Updated 9/21/20

Tenancy Stabilization Program
Individualized Service Plan

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: __/__/____ Date of exit and dismissal: __/__/____ Changes to ISP made on: __/__/____

Ask the participant if there are any changes in expenses for this month? YES or NO Additional or Decrease

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Has he or she changed their ranking priority? YES/NO

Do you pay your bills in the order that you receive them? YES/NO

Are you willing to change the way in which you pay your monthly bills? Why or Why not?

From the case manager's perspective, what are some current strengths the client has presented during these first 2 sessions?
Discuss any budget progress, behavior changes, etc.

Task List for next meeting		Following meeting	
		Time	Date

Client signature _____ Date _____

Staff signature _____ Date _____

Program Manager signature _____ Date _____

Updated 9/21/20

**Tenancy Stabilization Program
Individualized Service Plan**

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: __/__/____ Changes made to ISP on: __/__/____

<i>Residential Stability</i>					
Client actions/Goal	Roadblocks	Client task for clearing roadblock	CM task for clearing roadblocks	Target date	Date achieved
Paying Rent in a timely manner					
Paying Utility Bills					
Savings					
Client Goals moving forward					
Suggestions for other clients that would like to improve their budgeting					

Client signature _____ Staff signature _____ Program Manager signature _____ Updated 9/21/20

SUPPORTIVE SERVICES AGREEMENT

I, _____ understand that by receiving Tenancy Stabilization Program (TSP) Funds, it has been strongly recommended to me that I participate in supportive services case management. At a minimum, I will check in with my case manager at _____ at the following points in time:

3 months after assistance: _____

6 months after assistance: _____

9 months after assistance: _____

12 months after assistance: _____

The TSP case manager will schedule these meetings with me and will provide two (2) reminders.

The purpose of case management will be to ensure stabilization and prevent my need for tenancy stabilization assistance again.

Agency (print): _____

Agency (sign): _____ Date: _____

Tenant (print): _____

Tenant (sign): _____ Date: _____

APPENDIX 6 – TENANCY STABILIZATION PROGRAM CLIENT APPLICATION CHECKLIST

APPLICATION CHECKLIST FOR TENANCY STABILIZATION PROGRAM

All documentation must be no more than 30 days old

Rental Arrears:	
(check box if item is provided by tenant)	
<input type="checkbox"/>	Social security card for head of household
<input type="checkbox"/>	Copy of lease
<input type="checkbox"/>	1 month's bank statement
<input type="checkbox"/>	Documentation of ALL household income from the last 30 days
<input type="checkbox"/>	No income statement (age 18 or older in household)
<input type="checkbox"/>	Copy of TAFDC benefit statement
<input type="checkbox"/>	Copy of child support statement
<input type="checkbox"/>	Copy of Veterans benefit/check
<input type="checkbox"/>	Copy of unemployment benefits
<input type="checkbox"/>	Copy of SSI, SSDI benefits statement
<input type="checkbox"/>	Third party employment verification sheet (attached)
<input type="checkbox"/>	Proof of school attendance (age 18 or older in household)
<input type="checkbox"/>	Notice to Quit or Summons and Complaint
<input type="checkbox"/>	Copy of one year rent ledger
<input type="checkbox"/>	Copy of Eviction Notice

Start-up Costs	
(check box if item is provided by tenant)	
<input type="checkbox"/>	Social security card (head of household)
<input type="checkbox"/>	Copy of lease or letter from prospective landlord
<input type="checkbox"/>	Copy of rental agent fee, if applicable
<input type="checkbox"/>	Copy of documentation of subsidy (only if applicant has a subsidy)
<input type="checkbox"/>	Copy of inspection report for apartment
<input type="checkbox"/>	Copy of 12 month lease
<input type="checkbox"/>	Copy of deleaded certificate
<input type="checkbox"/>	Documentation of homelessness (if currently homeless)
<input type="checkbox"/>	Documentation of ALL household income from the last 30 days
<input type="checkbox"/>	1 month's bank statement
<input type="checkbox"/>	Proof of income for the entire household
<input type="checkbox"/>	No income statement (age 18 or older in household)
<input type="checkbox"/>	Child support statement
<input type="checkbox"/>	Proof of school attendance (age 18 or older in household)
<input type="checkbox"/>	

TENANCY STABILIZATION PROGRAM APPLICATION

Applicant Name: _____ Current address: _____

Home Phone: _____ Alternate phone: _____

MEMBERS FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	GENDER	VETERAN STATUS yes or no	DISABLED yes or no	DISABILITY TYPE (refer to options below)	SS#	Race (refer to options below)	Ethnicity (refer to options below)
	<i>HEAD</i>									

Is a change in household composition expected? YES NO

If yes, what type of change? _____ When? _____

Disability (check all that apply) – Optional

A. Physical disability___ B. Developmental disability___ C. Mental Health___ D. Substance Abuse___ E. HIV/AIDS___

Ethnicity – Optional

1. Hispanic or Latino 2. Not Hispanic or Latino

Race of Household (Check all that apply) – Optional

A. White___ B. Black/African American___ C. Asian/Pacific Islander___

D. American Indian/Alaskan Native___ E. Native Hawaiian/Other___ F. Other___

Check All That Apply to You:

- ☐ Head of household is homeless in Somerville
- ☐ Head of household currently working in Somerville
- ☐ Presence of an adult or a child with a diagnosed disability including mental illness
Name of adult/child _____
- ☐ Presence of an adult or child with a diagnosed substance abuse disorder
Name of adult/child _____
- ☐ Prior episode of homelessness in an EA shelter (DHCD Family shelter)

☐ Not eligible for Emergency Assistance benefits through DHCD (Family shelter)

☐ History of domestic violence
Date of last occurrence of domestic violence _____

☐ At risk of homelessness and moving into shelter or place not meant for human habitation

☐ Recent economic hardship (death of primary provider, job loss, health crisis or other similar circumstances)

☐ None of the above applies to me or my family.

CIRCUMSTANCES (All questions must be answered)

Please describe in detail all of the following:

1. What type of assistance are you in need of?

2. How much assistance do you need (financial amount)? By what date?

3. The circumstances behind the need for assistance? If you are behind on your rent, please describe how you became behind.

4. Have you received assistance from any other agency? Which agency(ies)? When? Amount? Why?

SUSTAINABILITY (All questions must be answered)

1. How will you be able to pay your expenses after assistance?

2. Difficulties you expect in maintaining monthly expenses?

3. How much are you able to pay toward debt?

CASE MANAGEMENT (All questions must be answered)

1. Are you in need of any assistance unrelated to housing (e.g. food, clothing, furniture)?

2. Are there any aspects of your budget that you are hoping to improve or need help managing?

3. Please list the best days of the week and times that you are available to meet with a case manager from _____agency.

(Circle one)

1. Is any member of your household employed, part-time, full-time or seasonal? YES NO
2. Does any member of your household expect to work during the next twelve months? YES NO
3. Does anyone in your household work for someone who pays them in cash? YES NO
4. Does any member of your household receive or expect to receive child support? YES NO
5. Does any member of your household receive or expect to receive alimony payments? YES NO
6. Is any member of your household not receiving child support payments that he/she is entitled to receive? YES NO
7. Is any member of your household not receiving alimony payments that he/she is entitled to receive? YES NO
8. Does any member of your household receive or expect to receive unemployment benefits? YES NO
9. Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)? YES NO
10. Does any member of your household receive or expect to receive Social Security benefits (SSDI or retirement)? YES NO
11. Does any member of your household receive or expect to receive an income from a pension or annuity? YES NO

12. Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency?

YES NO

13. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest or dividends from certificates of deposits, stocks, bonds or income from the rental of property?

YES NO

14. Does any member of your household receive or expect to receive an earned income tax credit?

YES NO

15. Do you own a home or any other real estate? YES NO

16. Have you sold or given away any real property or any other assets in the past two years?

YES NO

NON-CASH BENEFITS

Source	YES or NO	If Applicable, Type/Amount
Supplemental Nutrition Assistance Programs (SNAP) (Previously known as Food Stamps)		
Health Insurance (refer to options A, B, C, D, E below)		
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		
TAFDC Child Care Services		
TAFDC Transportation Services		
Other Funder TAFDC Services		
Public Housing		
Section 8		
MRVP		
Other Rental Assistance		
Temp Rental Assistance		
Other Sources		

Types of health insurance: A. Private (provided by employer) B. Medicare C. Medicaid D. State Children's Health E. Veteran's

BUDGET**Income:**

INCOME	MONTHLY AMOUNT	WEEKLY/BI-WEEKLY AMOUNT
Job wages	\$	\$
TAFDC, EAEDC	\$	\$
SSI, SSDI	\$	\$
Unemployment	\$	\$
Child support	\$	\$
Food stamps	\$	\$
Other	\$	\$

Expenses:

For ALL expenses paid. Under the Priority column please rank based on the order you pay your bills.

Rank Priority	Expense	Paid to	Monthly amount	Weekly budget
	Rent		\$	\$
	Oil Heat		\$	\$
	Hot water		\$	\$
	Electricity		\$	\$
	Gas		\$	\$
	Water		\$	\$
	Home phone		\$	\$
	Cell phone		\$	\$
	Food		\$	\$
	Eating out		\$	\$
	Public Transportation		\$	\$
	Car payment		\$	\$
	Car insurance		\$	\$
	Auto Gas		\$	\$
	Childcare		\$	\$
	Back bills		\$	\$
	Cable		\$	\$
	Basic household (cleaning, laundry)		\$	\$
	Etc. (cigarettes, other)		\$	\$

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (e.g. checking, savings, investments)	Cash Value of Asset	Annual Income from Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$

LANDLORD VERIFICATION:

List your current landlord. If you are staying in a shelter, with family or friends, provide information for the most recent landlord prior to homelessness.

Landlord's name: _____

Address: _____

Telephone Number: _____

Are you homeless or about to become homeless due to an eviction? Yes No

If answered yes, submit a copy of the Notice to Quit and/or Summons and Complaint

What is the asking rent for your apartment? _____

Are there any utilities included in your rent? Yes No

List utilities included in your rent: _____

Has your landlord raised your rent recently? Yes No

If yes, when? _____ By how much was the rent raised? \$ _____

How many bedrooms are in your current living situation? _____

How many members of your family are living with you currently? (Do not include yourself) _____

SIGNATURE (all adult household members must sign)

I certify under penalty of perjury that the information I have provided in this application is true and accurate.

Head of Household Signature

Date

Co-Head of Household Signature

Date

Other members of household over age 18 Signature(s)

Date

APPENDIX 7 – SAMPLE RELEASE OF INFORMATION

Application Certification and Release of Information:

I/We certify the information that I have given in this application is true and correct, and I/We understand that any false statement or misrepresentation may result in the rejection of my application. I/We authorize the (agency) to make inquiries to verify the information that I have provided in this application. I/We authorize the (agency) to discuss this application with (). I understand that my records cannot be disclosed without my written consent and that I may revoke this consent at any time, although I recognize some actions may have already been taken on my behalf. I also understand that the information so released will be held in the strictest confidence by its recipient. I understand that this release form is valid for one year from the date it is signed.

Head of Household Signature

Date

Co-Head of Household Signature

Date

Other member of household over age 18

Date

Other member of household over age 18

Date